

donated for clinical courses and disaster medicine professionals donated training time. A regional conference was held to discuss regional activities and trends.

Minimal funding yielded great achievements including training courses for >1,200 medical responders, the creation of drill evaluation tools and videos, the establishment of training centers, an injury surveillance system, and the development of clinical pocket references. Networks were expanded through multi-country collaboration, and regional lessons were learned.

The sustainability of disaster preparedness and response must be accomplished in collaboration with the local stakeholders in planning, implementation, and evaluation. International non-governmental organizations can facilitate positive disaster preparedness and response outcomes in developing countries and maximize the expertise within the country. They can promote follow-up activities, evaluate drills and training, and be valuable in the process because of their networks and international associations. Through minimal funding, many results can be achieved. Drills and disaster training prove to be a valuable method of multi-stakeholder collaboration in disaster response.

Keywords: AmeriCares; drills; international non-governmental organizations; preparedness; training

Prehosp Disast Med 2009;24(2):s106–s107

(H81) Major Influences on Hospital Emergency Management and Disaster Preparedness

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The role of hospitals in the community response to disasters has received significant attention during the last decade. In the event of a disaster, the community expects hospitals to provide acute care medical services to victims and healthcare resources to other facilities in need. There have been several initiatives to guide the hospitals' roles in these events, and to assist hospitals in their effort to prepare for them.

This project is focused on the efforts of four distinct groups: (1) The Joint Commission; (2) the executive branch of the United States government; (3) Congress; and (4) the Department of Health and Human Services. The objective is to determine the way these groups' initiatives affect hospitals and the healthcare system.

These four groups take vastly different approaches to meeting common goals. These approaches include operational standards, legislation, and guidance documents. Despite the different approaches used to assist hospitals in improving their emergency management capabilities, the initiatives reinforce each other and have resulted in an increased focus by hospitals on disaster preparedness, response capabilities, and community integration.

There is still significant work to be done with regards to improving hospital and healthcare system response capabilities. While community integration is critical to hospital response successes, there is a need for guidance designed

for and directed specifically towards hospitals. The continued improvement of hospitals' response capabilities will depend in large part on the guidance and support of these four key groups.

Keywords: emergency management; hospital; preparedness; response

Prehosp Disast Med 2009;24(2):s107

(H82) Community Capacity Building in Earthquake Preparedness in Colombia: Lessons Learned from a Survey of Perceived Needs

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Background: A fundamental goal of community capacity building is to enhance the ability to prepare and respond to a major incident based on needs perceived by the local population in the "disaster fronts". Bogotá's (Colombia) District Health Secretariat Risk Management Office, accountable for the city's response to a disaster, has formulated a Medical Earthquake Preparedness Plan, which comprises community needs perception as one of the salient features to achieve higher training impact and effectiveness. Previously, top-down and command-and-control approaches were used, and proved to be ineffective.

Methods: A questionnaire-based survey is being conducted among residents of Bogotá who live in seismically active regions to assess their perceived needs for an earthquake disaster preparedness training program. The survey includes respondents' evaluations of their situation based on their experiences. Their perception of vulnerability and capacity will be explored. Training inputs will be sought in regard to the content and methodology of delivery of such programs. Descriptive statistics will be used to summarize the data. When appropriate, a two-tailed *t*-test will be used to compare the responses of various groups. A *p*-value <0.05 will be statistically significant.

Results: The results will be presented at the Congress.

Conclusions: Population surveys about earthquake preparedness training programs will lead to wider stakeholder participation, ensuring the sustainability of such efforts. This will strengthen the local community capacity to face hazards of a major seismic event in Bogotá, Colombia.

Keywords: Colombia; capacity building; community; disaster; earthquake; lessons learned; needs; preparedness

Prehosp Disast Med 2009;24(2):s107

(H83) Utilizing Paramedics to Provide In-Hospital, Critical Care Surge Capacity

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Introduction: The emergency medical services (EMS) system is one of the key components in disaster, terrorism, and public health emergency response. In the United States, the paramedic is the most highly trained prehospital medical